

<b>Case Number:</b>	CM15-0025940		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	01/25/2010
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 58-year-old female who sustained an industrial injury on 01/25/2010. Diagnoses include cervical radiculopathy- status post anterior cervical fusion, thoracic radiculopathy, lumbar radiculopathy and pain of the bilateral shoulders and knees. Treatment to date has included medications, physical therapy, surgeries, interferential stimulator, injections and bracing. Diagnostics included CT scans, x-rays, electrodiagnostic testing and MRIs. According to the progress notes dated 12/3/14, the IW reported increased pain in the right shoulder, cervical and lumbar regions. A request was made for aqua therapy three times per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Aqua therapy 3x/week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. Prior treatments have included conventional physical therapy. When seen, she was ambulating with a cane. Her BMI is over 30. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case although the claimant has been able to participate in land based physical therapy treatments, she is obese and uses a cane. A trial of aquatic therapy would be considered in this case. However, in terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. Therefore, the requested aquatic therapy is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87 30.